Fill	I in this information t	to identify your case:						Check one bo	ox only as directed in thi	s form and in
ח	ebtor 1	Kelly	Lauren	Claiborne	,			_		
	CDIOI 1	First Name	Middle Name	Last Name	<u> </u>			⊻ 1. There is	s no presumption of abu	se.
	ebtor 2 Spouse, if filing)	Delesa First Name	Middle Name	Claiborne Last Name	•			of abuse a	culation to determine if a applies will be made und st Calculation (Official Fo	er Chapter 7
١.,	nited States Bankru	intov Court for the	Faster	n District of	Pennsylvar	nia			ans Test does not apply	,
		picy Court for the.		II DIOLITOL OI	<u>r ciirioyivai</u>	iiu .	•		d military service but it c	
_	ase number i known)							Check if the	his is an amended filing	
Of	ficial Form	122A-1								
Cł	napter 7 S	Statement	of Your	Curren	t Mont	hly lı	ncor	ne		12/19
atta and beca with	ch a separate sheet case number (if kn ause of qualifying r n this form.	t to this form. Includ own). If you believe nilitary service, com Your Current Mor	the line number that you are exemplete and file State that Income	to which the a	additional info resumption o	ormation a of abuse b	applies. ecause	On the top of you do not h	eing accurate. If more spit any additional pages, ave primarily consument 707(b)(2) (Official Form	write your name r debts or
1.	-	tal and filing status?								
		ill out Column A, line our spouse is filing v		oth Columns A	and R. lines	0 11				
		our spouse is filing v our spouse is NOT fi				Z-11.				
		ne same household				olumn A a	ınd B. line	es 2-11.		
									ng this box, you declare	
	under pen	nalty of perjury that your control in the second control in the se	ou and your spous	e are legally s	eparated und	er nonban	ıkruptcy l	aw that appli	es or that you and your	
ex	aried during the 6 m xample, if both spou 0 in the space.	onths, add the incom uses own the same re	ne for all 6 months ental property, put	and divide the the income fro	total by 6. Fi m that proper	II in the re	sult. Do r column o Colum Debto	nly. If you ha	ny income amount more ve nothing to report for a Column B Debtor 2 or	than once. For any line, write
							Debto	r 1	non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).							\$4,812.80	\$1,130.12	
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00	\$0.00	
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00	\$0.00	
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	fore all deductions)		\$10,139.96	\$0.00					
	Ordinary and nece	essary operating expe	enses	- \$8,628.29	- \$0.00					
	Net monthly incom	ne from a business, p	profession, or farm	\$1,511.67	\$0.00	Copy here →		\$1,511.67	\$0.00	
6.	Net income from I	rental and other real	property	Debtor 1	Debtor 2			_		
	Gross receipts (be	fore all deductions)		\$0.00	\$0.00					
	Ordinary and nece	essary operating expe	enses	- \$0.00	- \$0.00					
	Net monthly incom	ne from rental or othe	er real property	\$0.00	\$0.00	Copy here →		\$0.00	\$0.00	
7	Interest, dividends	s. and rovalties						\$0.00	\$0.00	
		.,						-		

Debtor 1
Debtor 2

Case 25-11700-pmm Doc 3 Kelly Lauren

iled 04/30/25 Entered 04/30/25 19:29:45

45 Desc Main

Case number (if known) First Name Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit the Social Security Act. Instead, list it here: For you..... \$0.00 For your spouse..... \$0.00 9. Pension or retirement income. Do not include any amount received that was a \$0.00 \$0.00 benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. \$6,324.47 \$1,130.12 \$7,454.59 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: \$7,454.59 12a. Copy your total current monthly income from line 11..... Copy line 11 here → Multiply by 12 (the number of months in a year). x 12 12b. The result is your annual income for this part of the form. 12b. \$89.455.08 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Pennsylvania Fill in the number of people in your household. \$103,856.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a.
☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.

Go to Part 3. Do NOT fill out or file Official Form 122A-2.

Go to Part 3 and fill out Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Debtor	1
Debtor	2

Case 25-11700-pmm Doc 3 Delesa

Filed 04/30/25 Entered 04/30/25 19:29:45

Page 3 of 3

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Kelly Lauren Claiborne

Signature of Debtor 1

Date 04/30/2025

MM/ DD/ YYYY

X /s/ Delesa Claiborne

Signature of Debtor 2

Date 04/30/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.